

UNITED STATES DISTRICT COURT
for the
Western District of North Carolina

Composite Resources, Inc.

Plaintiff

v.

Combat Medical Services, LLC

Defendant

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Civil Action No.

SUMMONS IN A CIVIL ACTION

TO: *(Defendant's name and address)*

Combat Medical Systems, LLC
5555 Harrisburg Industrial Park Drive
Harrisburg, NC 28705

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

H. Lee Falls, III, Esquire
Nexsen Pruet, PLLC
The Carillon Building
227 W. Trade Street, #1550
Charlotte, NC 28202
(704) 338-5379

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



Date 2/17/2017

Frank G. Johns

Frank G. Johns, Clerk
United States District Court

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))

This summon for *(name of individual and title, if any)* _____

was received by me on *(date)* _____.

- ☐ I personally served the summons on the defendant at
(place) _____
on *(date)* _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____,
a person of suitable age and discretion who
resides there, on *(date)* _____, and mailed a copy to the individual's last
known address; or
- ☐ I served the summons on *(name of individual)* _____,
who is designated by law to accept service of process on behalf of *(name of organization)*
_____ on *(date)* _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of
\$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: